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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10776493 | <b>Applicant(s)/Patent Under Reexamination</b><br>BOESEN, PETER V. |
|   | <b>Examiner</b><br>Melur Ramakrishnaiah    | <b>Art Unit</b><br>2614  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|-----------|-------------|--|--|--|---|---|---|---|-----------|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |           | NON-CLAIMED |  |  |  |   |   |   |   |           |  |
| 348                       |  | 14.02    |  |  |  | H                            | O | 4 | N | / 7/14 () |             |  |  |  | H | O | 4 | M | / 1/00 () |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
| 348                       | 14.01                                    | 14.03    |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
| 455                       | 575.3                                    |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |
|                           |  |          |  |  |  |                              |   |   |   |           |             |  |  |  |   |   |   |   |           |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       | 17       |       | 33       |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        |       | 18       |       | 34       |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        |       | 19       |       | 35       |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        |       | 20       |       | 36       |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        |       | 21       | 12    | 37       |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 10       |       | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 11       |       | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       |       | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 14       |       | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 15       |       | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 16       |       | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

|  |                              |                                    |                         |
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| NONE   |                              | <b>Total Claims Allowed:</b><br>12 |                         |
| (Assistant Examiner)<br>/Melur Ramakrishnaiah/<br>Primary Examiner Art Unit 2614<br>(Primary Examiner) | (Date)<br>11-18-08<br>(Date) | O.G. Print Claim(s)<br>1           | O.G. Print Figure<br>22 |